Candidate for Nomination to Serve on the Board of Trustees Public Health Trust of Miami-Dade County Miami-Dade Jackson Health System

Biographical Profile

	Last	First	Middle
Employer:			
Title/Occupation: _			
Business Type:			
Business Address:			
Business Telephone	e:	Fax:	
Email Address:			
Date of Birth:	Length of Resid	dence in Dade County:	
PLEASE C	HECK APPROPRIATE INFOR	MATION LISTED BELOW (Op	otional)
☐ Male	☐ White Non-Hispanic	☐ Asian or Pacific Islan	nder
☐ Female	☐ Black Non-Hispanic	☐ American Indian or A	Alaskan Nativ
	☐ Hispanic		
EDUCATION:			
School/City			

EXPERIENCES AND/OR QUALIFICATIONS:

Describe how your past experiences and/or qualifica Trust.	tions would benefit the Public Health
ORGANIZATIONS AND ACTIVITIES:	
List community, civic, professional and other organi	izations of which you are a member.
Organization	Position Held
List any Public Office held (Elected or Appointed):	
Office	Date

Affiliations with Hospitals, Nursing Homes or other Health related institutions:				
Community Interest:				
Additional Information:				
Persons acquainted with Candidate's Activ	vities/Experience:			
Name	Telephone			
Persons acquainted with Candidate's Activ				

I, (candidate's name)		,			
Citizen of the United States, a duly qualifi	ed elector of Miami-Dade	County, and not			
affiliated with the Public Health Trust of M	Miami-Dade County or it so	ubordinate agencies			
or institutions, would, if appointed, be willing and able to discharge the responsibilities					
and functions of Trustee. I declare that if	selected while currently se	rving on another			
official County board, I will resign from m	ny other County responsibi	lities.			
, , ,					
Date	Candidate's	Candidate's Signature			
Nominated by: (if not self)					
Name		Telephone			
City	State	Zip Code			